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Private Psychiatric Hospitals 1974-75

U.S. DEPARTMENT OF
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PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND
MENTAL HEALTH ADMINISTRATION

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**PRIVATE PSYCHIATRIC
HOSPITALS**

1974-75

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**U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION**

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INTRODUCTION

TRENDS IN NUMBER AND CASELOAD OF PRIVATE PSYCHIATRIC HOSPITALS

Private psychiatric hospitals (i.e., nongovernmental hospitals used exclusively for psychiatric patients) which are operated on either a not-for-profit or a for-profit basis have increased in number from 151 in 1968 to 180 in 1975 (table A). In the same time interval the number of annual additions to these hospitals increased from 89,138 to 119,071, an increase of 34 percent, while the number of inpatients at year end increased from 10,454 to 11,496 (10 percent) (table B).

As shown in table B, the increase in the number of hospitals, additions, and inpatients between 1968 and 1974 was not uniform. For example, in the interval 1968-70 there were approximately 150 private psychiatric hospitals averaging around 90,000 additions per year and about 10,700 inpatients (Taube and Redick 1975). However, in the interval 1970-72, the number of hospitals increased by 27 with consequent increases of 14,000 annual additions and about 500 inpatients (table B).

The growth in the number of hospitals in the interval 1968-72 was due largely to new for-profit corporation hospitals that opened (table A). For-profit hospitals operated by corporations increased 55 percent between 1968-72, while for-profit hospitals operated by individuals or partnerships decreased by 30 percent and the number of not-for-profit hospitals operated by churches decreased by 24 percent (table A).

SOURCES OF DATA AND EXTENT OF NONRESPONSE

The data in this report are based on information collected from two sources: the Inventory of Mental Health Facilities (Inventory)^a and the

special Supplement of Physician Staff (Supplement),^b both of which were conducted in January 1975 by the National Institute of Mental Health (NIMH) in cooperation with State mental health authorities and the National Association of Private Psychiatric Hospitals (NAPPH). The Supplement was mailed to all psychiatric (including private) hospitals as a one-time addendum to the Inventory for the purpose of studying the demographic and selected professional credentials of psychiatrists and other physicians employed in the hospitals.

In the January 1975 Inventory, the overall response rate for private psychiatric hospitals was 93 percent. However, of those hospitals submitting a questionnaire, the number answering a given question (e.g., expenditures, number employed) varied. An analysis of nonrespondents to particular items is given in appendix III. Data derived from the Inventory, which are presented in this report, have been adjusted to include estimates for hospitals that did not answer a particular question.

The rationale for including estimates for facilities that did not respond to either a particular question or to the entire Inventory was based on two factors: (1) the overall response rate and the response rate for most items were relatively high and (2) since nonresponse for most given items varied relatively little by size of the hospital (based on number of beds), geo-

the country relating to its caseload, staffing and expenditure patterns, and services provided. Psychiatric hospitals (including private psychiatric hospitals) and community mental health centers are surveyed annually. Other facilities such as day/night facilities, psychiatric outpatient clinics, general hospital psychiatric services, and residential treatment centers for emotionally disturbed children are surveyed biennially.

^b The supplemental form requested the hospitals to list all physicians who were employed in the hospitals during a sample week in January 1975 and to provide information on their age and sex, hours worked, licensure status, specialty (ABPN) and ECFMG certification, type of position, citizenship, and country in which they received their medical degree.

^a Annual and biennial inventories of facilities, the purpose of which is to provide basic data on each mental health facility in

Table A. Trends in the number of for-profit and not-for-profit psychiatric hospitals by hospital control, 1968-75

Hospital Control	1968		1972		1975		% Change 1968-72	% Change 1972-75
	Number	Percent	Number	Percent	Number	Percent		
Total hospitals.....	151	100.0%	177	100.0%	180	100.0%	+17%	+2%
Not-for-profit, total	69	45.7	67	37.9	63	35.0	- 3	- 6
Church.....	17	11.3	13	7.4	8	4.4	-24	-38
Other.....	52	34.4	54	30.5	55	30.6	+ 4	+ 2
For-profit, total....	82	54.3	110	62.1	117	65.0	+34	+ 6
Indiv./partnership.	20	13.2	14	7.9	14	7.8	-30	0
Corporation.....	62	41.1	96	54.2	103	57.2	+55	+ 7

Source (1968 & 1972): Taube, Carl A. and Redick, Richard W. 1975. Recent trends in the utilization of mental health facilities. In The Future Role of the State Hospital, Lexington, Massachusetts. D.C.Heath and Company, p.329.

Source (1975): Unpublished data from Division of Biometry and Epidemiology, NIMH.

Table B. Trends in the number of for-profit and not-for-profit psychiatric hospitals, additions and inpatients, 1968-74

Year	Number of hospitals	Number of additions	Number of inpatients
1968.....	151	89,138	10,454
1969.....	149	92,056	10,963
1970.....	150	87,106	10,677
1971.....	156	91,151	10,207
1972.....	177	101,198	11,193
1973.....	180	109,516	10,977
1974.....	180	119,071	11,496

Source (1968-72): Taube, Carl A. and Redick, Richard W., 1975. Recent trends in the utilization of mental health facilities. In The Future Role of the State Hospital, Lexington, Massachusetts: D.C. Heath and Company, p.328.

Source (1973-74): Unpublished data from Division of Biometry and Epidemiology, NIMH.

graphic region, and hospital control, there is little reason to believe that nonresponse would introduce bias in the inflated estimate.

Information was obtained on 1,324 physicians on the supplement. This represents 87 percent of the 1,521 physicians employed in private psychiatric hospitals during the sample week. Data derived from the Supplement (see tables O-U and 9-10) are based on the 1,324 physicians and have not been adjusted to include estimates for the 197 estimated physicians which were not reported on the Supplement.

A total of 180 private psychiatric hospitals (excluding those in Puerto Rico) were identified on the Inventory. Because of slight differences

in classification as well as differences in the point in time when the lists were compiled, both the number and distribution of hospitals differ slightly from a list compiled by the National Association of Private Psychiatric Hospitals (NAPPH) of its member hospitals. A discussion of some of the reasons for differences in the two lists is given in appendix I.

Definitions of terms are presented in appendix II and special symbols used in the tables are shown on page ii at the beginning of this report. Since many of these definitions and symbols have specialized meanings in this report, familiarity with them will aid in the interpretation of the data.

CHARACTERISTICS OF PRIVATE PSYCHIATRIC HOSPITALS

NUMBER OF FACILITIES AND BEDS

As of January 1975 there were 180 private psychiatric hospitals in the United States which maintained a total of 15,908 beds. The median number of beds per hospital was 66 (table C). There were 8 private psychiatric hospital beds per 100,000 United States civilian resident population (table D).

Nearly two-thirds of the hospitals (117 of 180) were operated either by corporations, individuals, or partnerships on a for-profit basis; the other one-third (63 of 180) were operated by church, foundation, and other not-for-profit groups (table C). However, the for-profit hospitals contained only 57 percent of the beds. The for-profit hospitals had a median of 60 beds as compared with a median of 82 beds for the not-for-profit group.

The distribution of the 180 private psychiatric hospitals is shown by State and geographic region in table 1. Fifteen States had no private psychiatric hospitals and another 11 had only one hospital. California had the most hospitals (27) and the most beds (2,065), followed by New York with 14 hospitals and 1,230 beds. Jointly these two States accounted for 23 percent of all private psychiatric hospitals and 21 percent of all beds.

Region III had both the most hospitals and the most beds; the fewest hospitals and beds were in Region X (tables 1 and D). Region I (New England) had the most beds in private

psychiatric hospitals per 100,000 United States civilian resident population (17), followed by Region III (13) (table D).

In addition to "inpatient treatment" which was provided by all private psychiatric hospitals, other service modes and the percent of the hospitals which maintained each type of mode included day treatment (43 percent), outpatient treatment (34 percent), halfway house (9 percent), and emergency services (25 percent). The availability of these service modes showed wide variation according to hospital control. A greater proportion of not-for-profit as compared with for-profit hospitals maintained each of the service modes shown in table 2. Over half of the not-for-profit hospitals maintained outpatient modes as compared with only one-quarter of the for-profit hospitals; 17 percent of the not-for-profit hospitals and halfway houses as compared with only 4 percent of the for-profit group.

One possible reason for this is that fewer for-profit hospitals qualify for reimbursement of day treatment and outpatient services by third-party insurance payers and have little financial incentive to maintain these service modes.

RESTRICTIONS REGARDING ADMISSION

On the NIMH Inventory, the private psychiatric hospitals were asked specifically for diagnostic and age restrictions regarding admission to inpatient and other service modes. Restrictions

regarding admission to inpatient, outpatient, and day treatment service modes are summarized for age and diagnostic restrictions in tables 3 and 4 respectively.

By far the group most frequently specified as being excluded from each of the three service modes was mental retardates who were excluded from 46 percent of inpatient modes, 44 percent of the day treatment modes, and 38 percent of the outpatient modes (table 3). In addition, there were substantial differences in the exclusion of mental retardates by hospital control. Whereas 45 percent of the outpatient modes in for-profit hospitals excluded mental retardates, only 31 percent of the outpatient modes in not-for-profit hospitals had this policy. On the other hand, 52 percent of the inpatient modes in not-for-profit

hospitals did not admit mental retardates as compared with 42 percent in the for-profit hospitals.

Over half (51 percent) of the outpatient modes stated that they served persons of all ages as compared with 34 percent of the inpatient modes and 28 percent of the day treatment modes (table 4). For each of the three service modes, over 90 percent stated that they had no maximum age, i.e., they either had a minimum age but no maximum age or they admitted persons of all ages (table 4).

Two to three percent of each of the three service modes were specifically for children, i.e., they specified a maximum age of 18 years and under. All of the hospitals for children except one were under not-for-profit auspices.

CASELOAD AND UTILIZATION

INPATIENT TREATMENT MODES

At the end of 1974 there were 11,496 inpatients in private psychiatric hospitals, an increase of 3.5 percent over the 11,109 inpatients at the beginning of the year (table E). Similar proportionate increases occurred in the not-for-profit group which increased from 5,331 to 5,503 (3.2 percent) and in the for-profit group which increased from 5,778 to 5,993 (3.7 percent). The number of patients under care during 1974^c numbered 130,180 of which 78,433 (60.2 percent) were in for-profit hospitals and 51,747 (39.8 percent) were in not-for-profit hospitals.

In comparison with for-profit psychiatric hospitals, not-for-profit hospitals on the average had more beds, a higher average daily census, and higher rate of occupancy (table F). However, the rate of turnover of patients was much greater in for-profit psychiatric hospitals. For example,

^c The number of patients under care is defined as the number of inpatients in private psychiatric hospitals at the beginning of year plus the total additions (see definition in appendix II) to these facilities during the year. In this paper it is the closest approximation to obtaining an unduplicated count of persons seen during the year in inpatient modes of private psychiatric hospitals. However, in calculating this measure, two types of duplication can occur: (1) the same person may be admitted more than once to a particular facility during the year and is counted each time he or she is admitted, or (2) the same person may be admitted to two or more different facilities during the year and each admission to each facility is counted.

for-profit psychiatric hospitals had 1,234 additions per 100 average inpatients as compared with a ratio of 857 for not-for-profit hospitals. This higher rate of turnover in for-profit hospitals prevailed in all bed size classes and is due in part to the shorter average lengths of stay experienced by patients in for-profit as compared with not-for-profit hospitals (see table F).

OUTPATIENT AND OTHER SERVICE MODES

Although private psychiatric hospitals, in general, put the most emphasis on the provision of treatment in inpatient modes, some patients are also served in outpatient treatment and in other service modes. Table G shows the total additions and average additions per hospital to three noninpatient service modes of private psychiatric hospitals—outpatient treatment, day treatment, and halfway house modes—by hospital control.

Of the three noninpatient modes, outpatient service modes had the largest number of additions, an estimated total of nearly 23,000 or an average 374 additions per hospital for the 61 hospitals that reported having this service mode (tables 2 and G). Not-for-profit hospitals had 17,504 outpatient additions or more than three times the 5,336 outpatient additions in for-profit hospitals.

Table C. Number and percent distribution of private psychiatric hospitals and beds and median number of beds per group by hospital control and size (based on number of beds): United States, January 1975

Hospital control and bed size	Private mental hospitals		Inpatient beds		
	Number	Percent distribution	Number	Percent distribution	Median number per group
Total hospitals....	180	100.0	15,908	100.0	66
Less than 50 beds	53	29.5	1,910	12.0	36
50-74 beds.....	47	26.1	2,834	17.8	60
75-99 beds.....	26	14.4	2,285	14.4	87
100 beds and over	54	30.0	8,879	55.8	137
Not-for-profit....	63	100.0	6,855	100.0	82
Less than 50 beds	11	17.5	433	6.3	40
50-74 beds	15	23.8	900	13.1	60
75-99 beds	14	22.2	1,191	17.4	83
100 beds and over	23	36.5	4,331	63.2	154
For-profit	117	100.0	9,053	100.0	60
Less than 50 beds	42	35.8	1,477	16.3	35
50-74 beds.....	32	27.4	1,934	21.4	60
75-99 beds	12	10.3	1,094	12.1	90
100 beds and over	31	26.5	4,548	50.2	129

Table D. Number and percent distribution of private psychiatric hospitals and beds; median number of beds per group and beds per 100,000 resident population by geographic region: United States, January 1975

Geographic region	Private mental hospitals		Inpatient beds			Beds/100,000 U.S.civilian resident population ^{1/}
	Number	Percent distribution	Number	Percent distribution	Median number per group	
Total.....	180	100.0	15,908	100.0	66	7.6
Region I...	20	11.1	2,089	13.1	72	17.2
Region II..	17	9.4	1,708	10.7	59	6.7
Region III.	32	17.7	3,053	19.2	69	12.9
Region IV..	30	16.7	2,210	13.9	62	6.4
Region V...	25	13.9	2,298	14.5	83	5.1
Region VI..	18	10.0	1,583	10.0	68	7.3
Region VII.	3	1.7	453	2.8	184	4.0
Region VIII	3	1.7	235	1.5	82	3.9
Region IX..	29	16.1	2,114	13.3	59	8.7
Region X...	3	1.7	165	1.0	32	2.4

^{1/} The population used in the calculation of these rates was the civilian resident population by State which was calculated by averaging the populations for July 1, 1974 and July 1, 1975.

Source: Current Population Reports, P-25, No. 615, November 1975.

Table E. Patient movement and annual volume of service in inpatient service modes of private psychiatric hospitals by hospital control and size (based on number of inpatient beds): United States, 1974

Hospital control and size	Number of hospi- tals	Patient movement during year				Annual volume of service	
		Inpatients at beginning of year	Addi- tions during year	Discon- tinuations during year ^{1/}	In- patients at end of year	Patients under care	Average in- patients
Total hospitals.....	180	11,109	119,071	118,684	11,496	130,180	11,303
Less than 50 beds..	53	1,255	16,153	16,124	1,284	17,408	1,269
50-74 beds.....	47	1,760	25,758	25,720	1,798	27,518	1,779
75-99 beds	26	1,512	19,830	19,607	1,735	21,342	1,624
100 beds and over..	54	6,582	57,330	57,233	6,679	63,912	6,631
Not-for-profit.....	63	5,331	46,416	46,244	5,503	51,747	5,417
Less than 50 beds..	11	315	2,426	2,394	347	2,741	331
50-74 beds	15	674	9,295	9,331	638	9,969	656
75-99 beds	14	844	9,562	9,463	943	10,406	894
100 beds and over..	23	3,498	25,133	25,056	3,575	28,631	3,536
For-profit.....	117	5,778	72,655	72,440	5,993	78,433	5,886
Less than 50 beds..	42	940	13,727	13,730	937	14,667	938
50-74 beds.....	32	1,086	16,463	16,389	1,160	17,549	1,123
75-99 beds	12	668	10,268	10,144	792	10,936	730
100 beds and over..	31	3,084	32,197	32,177	3,104	35,281	3,095

^{1/} Includes patients who died.

Table F. Utilization averages per hospital for inpatient service modes of private psychiatric hospitals by hospital control and size (based on number of beds): U.S., 1974

Hospital control and size	Number	Utilization averages per hospital							
	of hospi- tals	No. of beds	Ave. leng of stay (days)	Aver. daily census	Daily percent occupancy	Annual addi- tions	Addit. per 100 beds	Additions per 100 av. inpts.	Additions per 100 dis- continuation
Total hospitals....	180	88	37	67	75	662	748	1,053	100
Less than 50 beds	53	36	30	25	69	305	846	1,273	100
50-74 beds.....	47	60	24	39	65	548	909	1,448	100
75-99 beds.....	26	88	31	65	74	763	868	1,221	101
100 beds and over	54	164	45	130	79	1,062	646	865	100
Not-for-profit....	63	109	44	89	82	737	677	857	100
Less than 50 beds	11	39	50	30	76	221	560	733	101
50-74 beds.....	15	60	28	47	78	620	1,033	1,417	100
75-99 beds	14	85	36	66	78	683	803	1,070	101
100 beds and over	23	188	53	159	85	1,093	580	711	100
For-profit	117	77	32	54	70	621	803	1,234	100
Less than 50 beds	42	35	27	24	69	327	929	1,463	100
50-74 beds	32	60	26	37	62	514	851	1,466	100
75-99 beds	12	91	27	63	69	856	939	1,407	101
100 beds and over	31	147	38	109	74	1,039	708	1,040	100

Table G. Selected data for selected noninpatient service modes of private psychiatric hospitals, by hospital control: United States, 1974

Utilization of outpatient, day treatment and halfway house modes	Hospital control		
	All types	Not-for-profit	For-profit
<u>Outpatient treatment</u>			
Number of hospitals	61	32	29
Number of additions	22,840	17,504	5,336
Average additions per hospital.....	374	547	184
<u>Day treatment</u>			
Number of hospitals	77	29	48
Number of additions	2,881	1,537	1,344
Average additions per hospital.....	37	53	28
Average patient days per addition	51	52	49
<u>Halfway house</u>			
Number of hospitals	16	11	5
Number of additions.....	352	242	110
Average additions per hospital.....	22	22	22
Total beds	297	242	55
Average beds per hospital.....	19	22	11

Table H. Estimated number of full-time equivalent staff in private psychiatric hospitals: United States, January 1972 and January 1975

Selected staff categories	Estimated number of full-time equivalent staff		
	1972	1975	% change 1972-1975
Total, all categories	21,504	24,142	12.3
All professional staff.....	5,735	8,033	40.1
Psychiatrists	1,067	984	-7.8
Physicians, nonpsych.....	101	135	33.7
Psychologists	305	372	22.0
Social workers.....	418	645	54.3
Registered nurses	2,634	2,902	10.2
Other.....	1,210	2,995	147.5
Other patient care staff...	5,594	6,603	18.0
Administrative and maintenance staff.....	10,175	9,506	-6.6

Source (1972 data): National Institute of Mental Health, 1974. Staffing of Mental Health Facilities, 1972. DHEW Publication No.(ADM) 74-28. Washington, D.C.: U.S. Government Printing Office.

Source (1975 data): Unpublished data from Division of Biometry and Epidemiology, NIMH.

Day treatment additions numbered 2,881 or an average of 37 additions per hospital program for the 77 hospitals with day treatment programs. The average number of day treatment additions per hospital was 53 additions in the 29 not-for-profit hospitals as compared with 28 additions in the 48 for-profit hospitals which maintained a day treatment mode (table G).

Relatively few private psychiatric hospitals operated halfway houses. The 16 private psychiatric hospitals that operated halfway houses had 297 beds, a total of 19 beds per hospital for the 16 hospitals that reported having this service.

STAFFING PATTERNS

Beginning in 1968, the National Institute of Mental Health in its annual Inventory has collected information on the number of staff and hours worked in private psychiatric hospitals during a sample week in January. Data derived from the information collected are available in a number of NIMH reports (viz, NIMH 1970, NIMH 1972, NIMH 1974, NIMH 1976).

The information is available for specific staff disciplines by employment status, i.e., whether persons are employed full time (35 hours or more weekly), part time (less than 35 hours weekly), or as trainees, residents, or interns. These data enable trends in the number of full-time equivalent staff (FTE) and staff distribution by discipline to be examined over time (see tables H and I) and also permit a detailed analysis of staffing patterns in all private psychiatric hospitals in January 1975. These two topics are discussed in the first two sections of this chapter.

In January 1975, NIMH also conducted a one-time special Supplement on Physician Staff (see page 1 and footnote^b) in private psychiatric hospitals, the purpose of which was to study professional credentials, licensure status, and demographic characteristics of American (including Canadian) and foreign medical graduates. This topic is discussed in the third section of this chapter.

TRENDS BETWEEN 1972-75

Between 1972 and 1975 the estimated number of full-time equivalent (FTE) staff employed in private psychiatric hospitals rose from 21,504 to 24,142, an increase of 12 percent (table H). With the exception of FTE psychiatrists and FTE administrative and maintenance staff, all disciplines showed increases in FTE staff ranging from 10 percent for registered nurses to 148 percent for FTE "other professionals" which in-

clude vocational rehabilitation counselors, school teachers, activity therapists as well as other health and mental health professionals. The reason for the large increase in this staff discipline group was not readily apparent. However, by comparison, State and county mental hospitals also showed a relatively large proportional increase in "other professionals" between 1972 and 1975 (47 percent).

Among the two groups which showed decreases in number of FTE staff, FTE psychiatrists^d which declined from 1,067 to 984 (8 percent) had the sharpest decrease (table H).

Most of the increase in the total FTE staff and in the FTE professional patient care staff between 1972 and 1975 was due primarily to an increase in the FTE staffs of hospitals in operation at both time periods rather than to the opening of new hospitals between the two periods. As given below, the 122 private psychiatric hospitals which were in operation and reported data for both 1972 and 1975 showed an increase of 12 percent and 33 percent for total FTE staff and FTE professional patient care staff respectively. These increases are in line with the estimated increases for all private psychiatric hospitals between 1972 and 1975 (table H).

The relatively sharp increase in the number of FTE professional patient care staff accompanied by the moderate decrease in the number of FTE administrative and maintenance staff between 1972 and 1975 resulted in a different staff composition in 1975 as compared with 1972 (table I). Professional patient care staff comprised 33 percent of total FTE staff in 1975 as

^d It should be noted that FTE's and other staff data shown in this section reflect hours worked by psychiatrists and other physicians on the staff of the hospitals. Many other psychiatrists have staff privileges and visit patients in the hospital. However, these FTE's are not included in the staff tables.

	FTE's 1972 (122 hospitals)	FTE's 1975 (122 hospitals)	Percent change 1972-75
All staff.	17,356	19,437	12.0
Patient care staff.	9,175	11,652	27.0
Professional patient care staff.	4,813	6,422	33.4
Other patient care staff.	4,362	5,230	19.9
All other staff.	8,181	7,785	-4.8

compared with 27 percent in 1972. Other patient care staff rose slightly from 26 percent of the total in 1972 to 27 percent in 1975, and FTE administrative and maintenance staff declined from 47 percent of the total in 1972 to 39 percent of the total in 1975 (table I).

STAFFING OF PRIVATE PSYCHIATRIC HOSPITALS – 1975

Number and Distribution of Staff—Private psychiatric hospitals employed an estimated 27,734 persons during a sample week in January 1975, of whom 75 percent were employed full time, 21 percent part time, and 4 percent as trainees, residents, or interns (tables 5 and 6). In terms of broad staff categories, professional patient-care staff comprised 36 percent of staff positions and 33 percent of staff hours, other patient-care staff comprised 26 percent of staff positions and 27 percent of staff hours, and all other staff (administrative and maintenance) comprised 38 percent of staff positions and 39 percent of staff hours (table 7).

Table 8 shows the number and percent distribution of full-time equivalent staff (FTE's) for selected professional staff disciplines. A summary of some of the findings based on data in tables 7 and 8 is as follows:

- More registered nurses were employed in private psychiatric hospitals than any other "professionals" engaged in patient care. Of the 24,142 FTE's in private psychiatric hospitals, 2,902 (12 percent) were registered nurses. However, within the professional patient care group, RN's comprised 2,902 of 8,033 total FTE's (36 percent).

- The number of FTE psychiatrists (see footnote^d) outnumbered both the FTE social workers and the FTE psychologists. FTE psychiatrists comprised 4 percent of total FTE staff and 12 percent of the "professional patient care staff."
- For-profit and not-for-profit psychiatric hospitals differed, particularly in the distribution of specialized mental health personnel such as FTE psychiatrists, psychologists, and social workers, in comparison with for-profit hospitals. For example, not-for-profit hospitals had a higher proportion of FTE psychiatrists, physicians other than psychiatrists, psychologists, and social workers than did for-profit hospitals (table 8). In the case of psychiatrists and other physicians this is due to the greater use of "open staff" physicians in the for-profit hospitals (see "Staffing Arrangements of Physicians").

An indication that the staff composition in private psychiatric hospitals has experienced relatively little change in recent years is that the above results are consistent with those obtained in 1970 (NIMH 1972).

Staffing Arrangements of Physicians—In previous reports (viz NIMH 1972, NIMH 1974, NIMH 1976) NIMH has presented data which show the number of FTE staff per 100 average resident inpatients. The computation of this ratio for physicians assumes that most of the patients are under the care of physicians who are on the staffs of the hospitals and who are paid salaries by the hospital for other than work on a medical committee. A recent article in the *Newsletter of the National Association of Private Psychiatric Hospitals* (NAPPH 1976) reported that a substantial number of private psychiatric

hospitals had open medical staffs.^e If substantial numbers of inpatients in private psychiatric hospitals are under the care of open staff physicians, the FTE staff to resident patient ratios for physicians (psychiatrists and other physicians) would be spuriously low since only salaried physicians on the staffs of the hospitals are included in the numerator of the ratio, while all inpatients comprise the denominator.

In order to determine the proportion of inpatients under the care of salaried physicians and also to verify the number of salaried physicians reported on the January 1975 Inventory of Mental Health Facilities and ultimately to check the validity of presenting FTE staff to resident patient ratios, NIMH recontacted all private psychiatric hospitals in July 1976. Information was obtained from 157 (87 percent) of the 180 facilities classified as private psychiatric hospitals by NIMH. The results of some information from this followup study are shown in tables J through N.

Nearly 53 percent of the inpatients in the 157 hospitals were under the care of nonsalaried (open staff) physicians. By ownership type, 61 percent of the inpatients in for-profit hospitals and 44 percent of the inpatients in not-for-profit hospitals were under the care of nonsalaried physicians (table J). For this reason, NIMH has not calculated any staff-to-resident-patient ratios. Other highlights of data contained in tables J-N are as follows:

- Proportionately, over 1½ times as many not-for-profit (36 percent) as compared with for-profit hospitals (24 percent) had closed medical staffs. However, a higher proportion of for-profit hospitals had both open and mixed staffs as compared with not-for-profit hospitals (table K).
- There appears to be little relationship between size of hospital (based on number of beds) and type of hospital staffing arrangement, with the exception being that the proportion of hospitals with mixed staff

was progressively larger as size of hospital increased (table K).

- Nearly 39 percent of the inpatients were in hospitals which had open staffs, 35 percent in hospitals with closed staffs, and 26 percent in hospitals with mixed staffs (table L). The largest proportion of inpatients in for-profit hospitals were in open staff hospitals (42 percent); the largest proportion of inpatients in not-for-profit hospitals were in closed staff hospitals (43 percent) (table L).
- A larger proportion of not-for-profit (78 percent) as compared with for-profit psychiatric hospitals (69 percent) had a paid medical director. Also a larger proportion of the largest hospitals (in terms of both inpatient beds and numbers of physicians which were salaried by the hospital) had a paid medical director (tables M and N). These results were consistent with those found in the NAPPH survey (NAPPH 1976).

DEMOGRAPHIC CHARACTERISTICS AND PROFESSIONAL CREDENTIALS OF PHYSICIANS

The Special Supplement on Physician Staff (see page 1) to the Inventory of Mental Health Facilities conducted in January 1975 provides much useful information on the characteristics of physicians^f employed and salaried by private psychiatric hospitals. Data derived from the supplement are shown in tables O-U, 9 and 10.

Information was obtained on 1,324 physicians. This represents 87 percent of the estimated total of 1,521 physicians on the staffs of private psychiatric hospitals as of January 1975.

Of the 1,324 physicians 81.3 percent were graduates of American (including Puerto Rican) and Canadian medical schools and 18.7 percent were graduates of medical schools in all other countries (table P). This contrasts sharply with State mental hospitals in which approximately half of the physicians were graduates of schools

^e Three basic types of staff arrangements—open staff, closed staff, and mixed staff—are found in private psychiatric hospitals. In open staff hospitals, all of the physicians have staff privileges but are not paid salaries by the hospital for the care of patients. In closed staff hospitals, all of the physicians are on the staffs of the hospitals and are paid salaries directly by the hospital for the care of the patients. A mixed staff hospital is one which has combinations of open and closed staffing arrangements.

^f Includes MD's or DO's who were sick or on vacation during the sample week. Includes consultants if they work on a regular basis. Includes MD's or DO's who regularly work in the hospital, but who may be paid by another agency. Excludes physicians who have privileges to see private patients unless they are also employed as staff psychiatrists, other staff physicians or residents.

Table I. Percent distribution of full-time equivalent staff of private psychiatric hospitals by selected staff categories: United States, January 1972 and January 1975

Selected staff categories	Percent distribution of FTE staff by discipline	
	January 1972	January 1975
Total, all categories	100.0	100.0
All professional staff.....	26.7	33.3
Psychiatrists	5.0	4.1
Physicians, nonpsychiatrist	0.5	0.6
Psychologists	1.4	1.5
Social workers.....	1.9	2.7
Registered nurses	12.3	12.0
Other.....	5.6	12.4
Other patient care staff....	26.0	27.4
Administrative and maintenance staff	47.3	39.3

Source (1972 data): National Institute of Mental Health, 1974. Staffing of Mental Health Facilities, 1972. DHEW Publication No. (ADM) 74-28. Washington, D. C.: U.S. Government Printing Office
Source (1975 data): Unpublished data from Division of Biometry and Epidemiology, NIMH.

Table J. Number and percent distribution of inpatients in private psychiatric hospitals by whether under care of salaried or nonsalaried physicians and hospital control: United States, July 1976

Type of hospital control and whether physicians are salaried	Number of inpatients ^{1/}	Percent distribution of inpatients ^{1/}
All ownership types, total.....	10,569	100.0
Under care of salaried physicians.....	4,704	44.5
Under care of nonsalaried physicians...	5,585	52.9
Under care of both salaried and nonsalaried physicians.....	2	0.0
Unknown.....	278	2.6
For-profit, total.....	5,602	100.0
Under care of salaried physicians.....	2,190	39.1
Under care of nonsalaried physicians...	3,395	60.6
Under care of both salaried and nonsalaried physicians.....	2	0.0
Unknown.....	15	0.3
Not-for-profit, total.....	4,967	100.0
Under care of salaried physicians.....	2,514	50.6
Under care of nonsalaried physicians...	2,190	44.1
Under care of both salaried and nonsalaried physicians.....	-	-
Unknown.....	263	5.3

^{1/} Based on reports from 157 hospitals with no adjustments for nonresponse.

Table K. Percent distribution of private psychiatric hospitals by type of hospital control, hospital size (based on number of inpatient beds), and hospital staffing arrangements: United States, July 1976

Hospital control and hospital size	Number of hospitals ^{1/}	Hospital staffing arrangements ^{1/}			
		Total	Open staff	Closed staff	Mixed staff
Percent distribution of hospitals					
Total.....	157	100.0	45.8	27.4	26.8
<u>Hospital control</u>					
For-profit.....	102	100.0	48.1	23.5	28.4
Not-for-profit...	55	100.0	41.8	36.4	21.8
<u>Hospital size</u>					
Less than 50 beds	42	100.0	47.6	28.6	23.8
50-74 beds.....	43	100.0	51.1	23.3	25.6
75-99 beds.....	31	100.0	41.9	32.3	25.8
100 beds & over..	41	100.0	41.5	26.8	31.7

^{1/} Based on reports from 157 hospitals with no adjustments for nonresponse.

Table L. Number and percent distribution of inpatients in private psychiatric hospitals by type of staffing arrangement and hospital control: United States, July 1976

Type of hospital control and hospital staffing arrangements	Inpatients ^{1/}	
	Number	Percent distribution
<u>All ownership types, total</u>	10,569	100.0
Open staff.....	4,097	38.8
Closed staff.....	3,715	35.1
Mixed staff.....	2,757	26.1
<u>For-profit, total.....</u>	5,602	100.0
Open staff.....	2,349	41.9
Closed staff.....	1,572	28.1
Mixed staff.....	1,681	30.0
<u>Not-for-profit, total.....</u>	4,967	100.0
Open staff.....	1,748	35.2
Closed staff.....	2,143	43.1
Mixed staff.....	1,076	21.7

^{1/} Based on reports from 157 hospitals with no adjustments for nonresponse.

Table M. Percent distribution of private psychiatric hospitals by hospital control, hospital size (based on number of beds), and status of medical director: United States, July 1976

Type of hospital control and hospital size	Number of hospitals ^{1/}	Status of medical director ^{1/}			
		Total	Paid medical director	Nonpaid medical director	No medical director
Percent distribution of hospitals					
Total.....	157	100.0	72.0	13.4	14.6
<u>Hospital control</u>					
For-profit.....	102	100.0	68.6	15.7	15.7
Not-for-profit.....	55	100.0	78.2	9.1	12.7
<u>Hospital size</u>					
Less than 50 beds..	42	100.0	73.8	11.9	14.3
50-74 beds.....	43	100.0	62.8	18.6	18.6
75-99 beds.....	31	100.0	71.0	12.9	16.1
100 beds & over....	41	100.0	80.4	9.8	9.8

^{1/} Based on reports from 157 hospitals with no adjustments for nonresponse.

Table N. Percent distribution of private psychiatric hospitals by hospital control, number of physicians paid salaries and status of medical director: United States, July 1976

United States, July 1976						
Hospital control and number of physicians paid salaries by hospital	Number of hospitals ^{1/}	Total	Status of medical director			Unknown
			Paid medical director	Nonpaid medical director	No medical director	
Percent distribution of hospitals						
<u>Total</u>	157	100.0	67.5	13.4	14.0	5.1
5 or less physicians.	105	100.0	57.2	19.0	20.0	3.8
6 to 19 physicians...	38	100.0	89.5	-	2.6	7.9
20 to 39 physicians..	6	100.0	83.3	16.7	-	-
40 to 80 physicians..	8	100.0	87.5	-	-	12.5
<u>For-profit, total</u>	102	100.0	65.6	16.7	15.7	2.0
5 or less physicians.	77	100.0	57.1	20.8	19.5	2.6
6 to 19 physicians...	21	100.0	95.2	-	4.8	-
20 to 39 physicians..	4	100.0	75.0	25.0	-	-
40 to 80 physicians..	-	-	-	-	-	-
<u>Not-for-profit, total</u>	55	100.0	70.9	7.3	10.9	10.9
5 or less physicians.	28	100.0	57.2	14.3	21.4	7.1
6 to 19 physicians...	17	100.0	82.4	-	-	17.6
20 to 39 physicians..	2	100.0	100.0	-	-	-
40 to 80 physicians..	3	100.0	87.5	-	-	12.5

^{1/} Based on reports from 157 hospitals with no adjustments for nonresponse.

outside the United States and Canada (NIMH May 1976).

In all further discussion, graduates of American and Canadian medical schools are grouped together because of similarities of education, medical school accreditation, and licensure requirements and are referred to throughout this report as AMG's. All other medical graduates are grouped together and are called foreign medical graduates (FMG's).

Age, Sex, and Citizenship—Nearly 88 percent of the physicians were male, over one-third were 45 years of age and over, and 91 percent were U.S. citizens (table 9). As a group, AMG's differ markedly from FMG's in their distribution by age, sex, citizenship, and in terms of the position in which they were employed in private psychiatric hospitals (table 9). For example, 16 percent of the FMG's were female as compared with 11 percent of the AMG's; 75 percent of the FMG's were 35 years and older as compared with 66 percent of the AMG's; and 42 percent of the FMG's were citizens of a country other than the United States as compared with only 1 percent of the AMG's.

The sex and age differentials were especially apparent among residents. Among FMG's employed as residents, 28 percent were female as compared with only 19 percent of the AMG's. Only 73 percent of the FMG residents were less than 35 years as compared with 90 percent of the AMG's.

AMG's and FMG's are similarly distributed with regard to type of position in which employed as residents in the AMG group (20 percent) as compared with the FMG group (24 percent) (table O).

Geographic Area of World in Which Medical Degree Earned—The FMG's received their medical degrees in 47 countries (exclusive of the United States and Canada). In contrast to the Far East which produced the predominance of FMG's in State mental hospitals (NIMH May 1976), Europe accounted for over half the FMG's in private psychiatric hospitals or three times the number in any of the other geographical areas of the world (table P). The Far East and Latin America provided 18 percent and 17 percent respectively and the Near and Middle East (12 percent) (table P).

By country, Italy provided the most FMG's, followed by Germany, Switzerland, the United Kingdom, the Philippines and India (table Q).

Licensure and Professional Credentials—FMG's are used more extensively in full-time than in part-time positions. By type of position there is slight variation in the proportion of FMG's among all medical graduates, according to whether they are employed full or part time. Among all physicians the proportion of FMG's ranges from 16 percent of "other staff physicians" to 22 percent of the residents. Among full-time positions the proportion of FMG's ranged from 15 percent of "other staff physicians" to 24 percent of the residents (table R).

Overall only 83 percent of the FMG's held an unlimited license to practice in the State in which they are working compared with 94 percent of the AMG's (tables S and T).⁸ In comparison with private psychiatric hospitals virtually the same proportion of AMG's in State mental hospitals had unlimited licenses (93 percent), but a substantially lower proportion of FMG's had unlimited licenses (58 percent) (NIMH May 1976).

The possession of an unlimited license was strongly related to the type of position in which the physician was employed. Among both AMG's and FMG's nearly all of the staff psychiatrists and other staff physicians had unlimited licenses. Among residents, the proportion with unlimited licenses was substantially lower among both AMG's (78 percent) and FMG's (45 percent). Licensure was also closely related to whether or not the physician was a citizen of the United States. Overall, 143 out of 247 FMG's (58 percent) were United States citizens and 92 percent of these held unlimited licenses (table T). By contrast only 70 percent of the non-United States citizen FMG's were fully licensed. Among FMG's in State mental hospitals only 45 percent were United States citizens and 43 percent of these had an unlimited license. (NIMH May 1976).

Before an FMG is eligible for appointment as an intern or resident in any AMA approved program for graduate medical training, he or she must pass an examination administered by the

⁸ The question specifically asked on the Supplemental Form was whether the physician had an unlimited (full) license in that State in which he or she was employed. Thus, some physicians who were licensed in a State other than the one in which they were employed were counted as being unlicensed. For this reason, the number of physicians who have an unlimited (full) license in any State is undercounted by an unknown amount in this report.

Table O. Number and percent distribution of American (including Canadian) and foreign medical graduates employed in private psychiatric hospitals by type of position: United States, January 1975 ^{1/}

Type of Position	All medical graduates		American (including Canadian) medical graduates		Foreign medical graduates	
	Number	Percent	Number	Percent	Number	Percent
Total	1,324	100.0	1,077	100.0	247	100.0
Staff psychiatrists	906	68.4	744	69.1	162	65.6
Other physicians.....	129	9.7	108	10.0	21	8.5
Residents	270	20.4	210	19.5	60	24.3
Fellows, other trainees.	14	1.1	11	1.0	3	1.2
Nonphysician positions..	5	0.4	4	0.4	1	0.4

^{1/} This table is based on 1,324 of the estimated 1,521 total psychiatrists and other physicians shown in table 5.

Educational Council for Foreign Medical Graduates (ECFMG). This explains why 98 percent of the residents either passed the ECFMG or the ECFMG exam was not required, as compared with only 80 percent of the staff psychiatrists and 95 percent of the other physicians (table 10).

Information was also obtained for each physician regarding his or her certification by the American Board of Psychiatry and Neurology (ABPN). The responses were analyzed only for those employed as staff psychiatrists and, again,

there was a clear difference in the proportions of AMG's and FMG's who passed. Only 40 percent of the FMG psychiatrists were certified by the ABPN as compared with 53 percent of the AMG psychiatrists. Within both the AMG and FMG groups, slightly higher proportions of full-time as compared with part-time staff psychiatrists were certified by the ABPN (table U).

In State mental hospitals only 19 percent of the FMG's and 43 percent of the AMG's were certified by the ABPN (NIMH May 1976).

EXPENDITURES

VOLUME OF EXPENDITURES

The dollar amount and percent distribution of expenditures in private psychiatric hospitals are shown by hospital control and size (based on number of beds) in table 11. The total expenditures in this table have been classified into more specific subcategories as follows:

1. *Salaries* of personnel,

2. *Other operating expenses* exclusive of salaries which include maintenance and other repair costs, and

3. *Capital expenditures* which include costs of construction of buildings, additions, and purchases of durable equipment.

Private psychiatric hospitals spent an estimated \$360.7 million during 1974. Of this amount,

Table P. Number and percent distribution of physicians employed in private psychiatric hospitals by geographical area or country of medical degree: United States, January 1975^{1/}

Country/Region	Number of physicians	Percent distribution of physicians	
		Including U.S. & Canadian	Excluding U.S. & Canadian
Total.....	1,324	100.0	100.0
United States	1,050	79.3	--
Canada.....	27	2.0	--
Latin America.....	41	3.1	16.6
Near and Middle East	30	2.3	12.1
Europe	126	9.5	51.1
Far East.....	44	3.3	17.8
Africa.....	1	0.1	0.4
Oceania.....	5	0.4	2.0
Unknown.....	-	-	-

^{1/} The table is based on 1,324 of the estimated 1,521 total psychiatrists and other physicians shown in table 5.
 -- Not applicable.

Table Q. Most common country of medical degree for foreign medical graduates in private psychiatric hospitals by geographic area: United States, January 1975^{1/}

Far East.....	44	Europe.....	126
Philippines	14	Italy.....	19
India	14	Germany.....	18
South Korea.....	7	Switzerland.....	15
All other.....	9	United Kingdom.....	14
		Ireland.....	11
		Spain.....	10
		Hungary.....	7
		All other.....	32
Middle East.....	30	Latin America.....	41
Turkey.....	10	Argentina.....	9
Iran.....	7	Mexico.....	9
All other.....	13	All other.....	23

^{1/} This table is based on 1,324 of the estimated 1,521 total psychiatrists and other physicians shown in table 5.

Table R. Number and percent of American (including Canadian) and foreign medical graduates employed in private psychiatric hospitals by position and full- or part-time status: United States, January 1975^{1/}

Type of position	All statuses				Full-time				Part-time			
	All physicians		Foreign medical graduates		All physicians		Foreign medical graduates		All physicians		Foreign medical graduates	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	1,324		247	18.7	741	20.5	152	20.5	583		95	16.3
Staff psychiatrists	906		162	17.9	492	19.3	95	19.3	414		67	16.2
Other physicians	129		21	16.3	26	15.4	4	15.4	103		17	16.5
Residents	270		60	22.2	204	24.0	49	24.0	66		11	16.7
Fellows, other trainees...	14		3	21.4	14	21.4	3	21.4	-		-	-
Nonphysician positions....	5		1	20.0	5	20.0	1	20.0	-		-	-

^{1/} This table is based on 1,324 of the estimated 1,521 total psychiatrists and other physicians shown in table 5.

Table S. Number and percent of American (including Canadian) and foreign medical graduates employed in private psychiatric hospitals by type of position and licensure status: United States, January 1975^{1/}

Type of position	All medical graduates				U.S. & Canadian MG's				Foreign medical graduates			
	All medical graduates		U.S. & Canadian MG's		All medical graduates		U.S. & Canadian MG's		Foreign medical graduates		Foreign medical graduates	
	Total	Unlimited license	Total	Unlimited license	Total	Unlimited license	Total	Unlimited license	Total	Unlimited license	Total	Unlimited license
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	1,324		1,220	92.1	1,077	94.2	1,015	94.2	247		205	83.0
Staff psychiatrists	906		898	99.1	744	99.6	741	99.6	162		157	96.9
Other physicians	129		121	93.8	108	93.5	101	93.5	21		20	95.2
Residents	270		190	70.4	210	77.6	163	77.6	60		27	45.0
Fellows, other trainees...	14		11	78.6	11	90.9	10	90.9	3		1	33.3
Nonphysician positions....	5		-	-	4	-	-	-	1		-	-

^{1/} This table is based on 1,324 of the estimated 1,521 total psychiatrists and other physicians shown in table 5.

Table T. Number and percent of American (including Canadian) and foreign medical graduate physicians employed in private psychiatric hospitals who have unlimited (full) license by whether U.S. citizen: United States, 1975^{1/}

Citizenship of American & foreign medical graduates	Total reporting	Unlimited (full) license	
		Number	Percent
Total.....	1,324	1,220	92.1
U.S. citizen	1,210	1,138	94.0
Non-U.S. citizen.....	114	82	71.9
American (including Canadian)			
medical graduates- total....	1,077	1,015	94.2
U.S. citizen.....	1,067	1,006	94.3
Non-U.S. citizen	10	9	90.0
Foreign medical graduates-total			
U.S. citizen.....	247	205	83.0
Non-U.S. citizen	143	132	92.3
	104	73	70.2

^{1/} This table is based on 1,324 of the estimated 1,521 total psychiatrists and other physicians shown in table 5.

Table U. Number and percent of American (including Canadian) and foreign medical graduate staff psychiatrists employed in private psychiatric hospitals who have been certified by ABPN: United States, January 1975^{1/}

Full-or part-time status of Amer.& foreign med. graduates	All staff psychiatrists	Certified by ABPN	
		Number	Percent
Total	906	459	50.7
Full-time	492	253	51.4
Part-time	414	206	49.8
American (including Canadian)			
medical graduates-total.....	744	395	53.1
Full-time	397	213	53.7
Part-time	347	182	52.4
Foreign medical graduates-total			
Full-time	162	64	39.5
Part-time	95	40	42.1
	67	24	35.8

^{1/} This table is based on 1,324 of the estimated 1,521 total psychiatrists and other physicians shown in table 5.

\$200.2 million (55.5 percent) were spent by not-for-profit hospitals and \$160.5 million (44.5 percent) by for-profit hospitals. Approximately 59 percent of total expenditures were allocated to salaries. In not-for-profit hospitals, 65 percent of total expenditures were allocated to salaries as compared with only 52 percent of total expenditures in for-profit hospitals. Within hospital control groups there was no discernible relationship between size of hospital and proportion of total expenditures allocated to salaries (table 11).

Other types of psychiatric hospitals exclusive of private psychiatric hospitals and the proportion of total expenditures allocated to salaries during 1974 were as follows: (1) State mental hospitals (80 percent) and (2) VA neuropsychiatric hospitals (76 percent).

EXPENDITURE INDICES

Average expenditures per private psychiatric hospital were \$2.0 million in 1974 or 37 percent higher than the average expenditures per hospital of \$1.5 million in 1969. Salary expenditures per hospital rose from \$.9 million in 1969 to \$1.2 million, an increase of 33 percent (table 12).

Average expenditures per not-for-profit hospital rose from \$1.9 million in 1969 to \$3.2 million in 1973, an increase of 67 percent. Much of the increase was attributed to salaries expenditures which increased 72 percent between 1969 and 1974.

Average total expenditures per not-for-profit hospital rose only 57 percent from \$.9 million in 1969 to \$1.4 million in 1974. Salary expenditures per for-profit hospital rose only 49 percent in the same time interval. However, it should be noted that these data reflect hospital expenditures, not costs to the patient. A larger proportion of psychiatrists and other physicians in for-profit as compared with not-for-profit hospitals have staff privileges and see patients in the hospital, but are not on the staff of the hospital and are *not* paid by the particular hospital (see page 8 and footnotes ^d and ^e). The average expenditures per patient day (the average amount spent to care for one inpatient for one day)^h are shown by hospital control and

by size (based on number of beds) for 1969 and 1974 in table 13. The average expenditures per patient day were higher in not-for-profit than in for-profit mental hospitals with the differences accounted for largely by higher average salary expenditures. Once again these higher salary expenditure are attributed in large part to the larger proportion of "open staff" physicians in for-profit as compared with not-for-profit hospitals (see page 10 and footnotes ^d and ^e).

While the average expenditures per patient day in not-for-profit hospitals increased from \$52 in 1969 to \$96 in 1974 (85 percent), the average expenditures per patient day in for-profit hospitals increased from \$45 to \$74 (64 percent) in the same time interval. Here, again, the differences in the higher proportional increases in the expenditures per patient day in not-for-profit as compared with for-profit hospitals in the time interval 1969-74 are attributed to increases in salary expenditures in not-for-profit hospitals which nearly doubled as compared with only a 50 percent increase in the for-profit hospital expenditures per patient day (table 13).

Another expenditure index is the average expenditure per discontinuation, which is shown by size and by hospital control in table 14. Binner states that "as a program measure, the cost per patient discharged avoids some of the pitfalls inherent in the cost per patient day concept." It is (1) sensitive to patient turnover, (2) focuses on output rather than the cost of the process unit of treatment, and (3) avoids the spurious inflation of cost if a program manages to do its job more quickly or through the use of less intensive therapies (Binner).ⁱ

The average expenditures per discontinuation were \$4,284 in not-for-profit hospitals as compared with \$2,215 in for-profit hospitals. The large difference in average expenditures per discontinuation between hospital control types is due primarily to the much lower average lengths

inpatient and other service modes while the denominator reflects the days for inpatient modes only. However, the expenditures in other service modes of private psychiatric hospitals are relatively small in comparison with the expenditures made in the provision of inpatient treatment. For this reason the index, although somewhat overstated, is reasonably accurate.

ⁱ The referenced paper by Paul R. Binner, Ph.D., presents a detailed discussion of some of the problems of interpreting cost-outcome measures such as costs per discharge and costs per patient day. It discusses cost-outcome measures much more extensively than could be covered in a statistical report such as this.

^h The reader is cautioned that the average expenditures per patient day shown in this report are probably overestimated since the numerator reflects expenditures for services provided in

of stay in for-profit hospitals (32 days) as compared with not-for-profit hospitals (44 days) and to the employment of large proportions of non-salaried (open staff) physicians in for-profit hospitals, the latter of which results in costs billed to the patient, but not expenditures by the hospital.

The reader should be cautioned that on the basis of data presented in this report, inferences are unable to be made that lower expenditures per discontinuation in the for-profit hospitals

imply more efficient operations. Factors such as differences in the age and diagnosis of patient groups served, differences in reimbursement agreements with third-party payors, hospital policies, and other factors influence the length of stay and ultimately contribute to the magnitude of the expenditures per discontinuation. Furthermore, there is no measure of the health of the patient following discontinuation and the benefits he or she may have derived from the particular hospitalization.

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APPENDIX I. Differences in Lists of Private Psychiatric Hospitals Compiled by the National Institute of Mental Health (NIMH) and the National Association of Private Psychiatric Hospitals (NAPPH)

The NAPPH publishes a roster of its member hospitals, the latest of which is as of 1976.^j This list was compared with a list of private psychiatric hospitals compiled by NIMH as of May 1976.^k The results of the comparison which gives the number of hospitals included on the two lists on a State by State basis are given in Appendix table I.

A total of 179 hospitals were included on the NIMH list and 176 were included in the NAPPH list. A total of 152 hospitals (85 percent) were common to both lists.

Twenty-seven hospitals were on the NIMH list only. There are two probable reasons for this. First, the NIMH list was updated more recently and includes certain new hospitals that are not on the NAPPH list. Second, NIMH includes certain private psychiatric hospitals that are not members of the NAPPH.

Twenty-four hospitals appeared on the NAPPH list only (see Appendix table I). The reason for

this is that NIMH classifies these facilities not as private psychiatric hospitals but as other types of facilities as follows:

- a. Nine hospitals were classified as psychiatric units of general hospitals.
- b. Six hospitals were classified as federally assisted community mental health centers (CMHC's). Any private hospital which has received Federal monies under the CMHC Act and for which all the patients are considered CMHC patients is classified as a CMHC by NIMH.
- c. Six hospitals were classified as residential treatment centers for emotionally disturbed children (RTC's). In distinguishing between RTC's and hospitals, NIMH counts as hospitals only those facilities which are licensed as hospitals.
- d. Three hospitals which are solely or primarily for the treatment of alcohol and drug dependency patients are excluded from the NIMH lists since these facility types are outside the scope of the surveys which NIMH conducts.

^j *NAPPH Newsletter*, Vol. XXV, No. 1, Section 2, 1976

^k Because of differences in time period in which the lists were compiled, the number of hospitals reported in Appendix table I will differ slightly from the number included in other tables of this report.

Appendix Table I. Comparison of numbers of private mental hospitals listed by the National Institute of Mental Health (NIMH) and the National Association of Private Psychiatric Hospitals (NAPPH)^{1/} by geographic region and State: United States, 1976

Region and State	On NIMH list	On NAPPH list	On both lists	NIMH list only	On NAPPH list only Counted as other facility by NIMH:				
					Total	Gen.hosp. ^{2/}	CMHC ^{3/}	RTC ^{4/}	Other ^{5/}
Total.....	179	176	152	27	24	9	6	6	3
Region I	19	18	18	1	-	-	-	-	-
Connecticut...	6	5	5	1	-	-	-	-	-
Maine.....	-	-	-	-	-	-	-	-	-
Massachusetts.	10	10	10	-	-	-	-	-	-
New Hampshire.	-	-	-	-	-	-	-	-	-
Rhode Island..	2	2	2	-	-	-	-	-	-
Vermont.....	1	1	1	-	-	-	-	-	-
Region II.....	17	19	17	-	2	2	-	-	-
New Jersey ...	3	3	3	-	-	-	-	-	-
New York	14	16	14	-	2	2	-	-	-
Region III....	33	31	28	5	3	-	-	2	1
Delaware	1	-	-	1	-	-	-	-	-
Dist.of Col. .	1	1	1	-	-	-	-	-	-
Maryland	6	6	5	1	1	-	-	1	-
Pennsylvania..	12	12	10	2	2	-	-	1	1
Virginia.....	12	11	11	1	-	-	-	-	-
West Virginia	1	1	1	-	-	-	-	-	-
Region IV	30	30	26	4	4	3	-	-	1
Alabama.....	3	3	3	-	-	-	-	-	-
Florida	10	12	10	-	2	2	-	-	-
Georgia.....	7	7	6	1	1	-	-	-	1
Kentucky	2	1	1	1	-	-	-	-	-
Mississippi...	1	1	1	-	-	-	-	-	-
North Carolina	3	3	3	-	-	-	-	-	-
South Carolina	-	-	-	-	-	-	-	-	-
Tennessee ...	4	3	2	2	1	1	-	-	-
Region V	24	22	19	5	3	1	1	1	-
Illinois	4	5	4	-	1	1	-	-	-
Indiana	1	1	-	1	1	-	1	-	-
Michigan.....	7	4	4	3	-	-	-	-	-
Minnesota.....	-	1	-	-	1	-	-	1	-
Ohio.....	7	7	7	-	-	-	-	-	-
Wisconsin.....	5	4	4	1	-	-	-	-	-
Region VI.....	18	19	16	2	3	-	-	3	-
Arkansas	-	-	-	-	-	-	-	-	-
Louisiana.....	5	4	4	1	-	-	-	-	-
New Mexico....	1	1	1	-	-	-	-	-	-
Oklahoma.....	1	1	1	-	-	-	-	-	-
Texas.....	11	13	10	1	3	-	-	3	-

Appendix Table I. Comparison of numbers of private mental hospitals listed by the National Institute of Mental Health (NIMH) and the National Association of Private Psychiatric Hospitals (NAPPH)^{1/} by geographic region and State: United States 1976 (Continued)

Region and State	On NIMH list	On NAPPH list	On both lists	NIMH list only	On NAPPH list only				
					Counted as other facility by NIMH:				
					Total	Gen.hosp ^{2/}	CMHC ^{3/}	RTC ^{4/}	Other ^{5/}
Region VII....	3	6	3	-	3	1	1	-	1
Iowa.....	-	-	-	-	-	-	-	-	-
Kansas	2	3	2	-	1	-	1	-	-
Missouri	1	2	1	-	1	-	-	-	1
Nebraska	-	1	-	-	1	1	-	-	-
Region VIII....	3	3	3	-	-	-	-	-	-
Colorado.....	3	3	3	-	-	-	-	-	-
Montana.....	-	-	-	-	-	-	-	-	-
North Dakota..	-	-	-	-	-	-	-	-	-
South Dakota..	-	-	-	-	-	-	-	-	-
Utah.....	-	-	-	-	-	-	-	-	-
Wyoming.....	-	-	-	-	-	-	-	-	-
Region IX.....	29	26	20	9	6	2	4	-	-
Arizona.....	2	2	1	1	1	-	1	-	-
California....	27	24	19	8	5	2	3	-	-
Hawaii.....	-	-	-	-	-	-	-	-	-
Nevada.....	-	-	-	-	-	-	-	-	-
Region X.....	3	2	2	1	-	-	-	-	-
Alaska.....	-	-	-	-	-	-	-	-	-
Idaho.....	-	-	-	-	-	-	-	-	-
Oregon.....	1	1	1	-	-	-	-	-	-
Washington....	2	1	1	1	-	-	-	-	-

^{1/}Source of NAPPH data is NAPPH Newsletter, Vol.XXV, No.1, Section 2, 1976

^{2/}General hospital psychiatric units

^{3/}Federally assisted comprehensive community mental health centers

^{4/}Residential treatment centers for emotionally disturbed children

^{5/}Hospitals primarily or solely for alcohol or drug dependent persons

APPENDIX II. Definition of Terms

A. CLASSIFICATION OF PRIVATE PSYCHIATRIC HOSPITALS

Private psychiatric hospitals — Hospitals operated privately by individuals, partnerships, corporations, or nonprofit organizations, primarily for the care of the mentally ill.

Not-for-profit hospitals — Private psychiatric hospitals controlled by foundations, churches, and other nonprofit groups.

For-profit hospitals — Private psychiatric hospitals controlled by corporations, partnerships, or individuals operating on a for-profit basis.

Beds — Number of inpatient beds set up and staffed for use as of December 31, 1974.

Bed size — The number of inpatient beds in a given hospital set up and staffed for use as of December 31, 1974.

Geographic region — For the purpose of classifying private psychiatric hospitals by geographic area, the States are grouped into the 10 geographic regions which are used by the DHEW. The States included in each region are shown in table 1.

B. TYPES OF SERVICE MODES

a. *Inpatient treatment* — Provision of mental health treatment to persons requiring 24-hour supervision.

b. *Outpatient treatment* — Provision of mental health treatment on an outpatient basis to persons who do not require either full-time or partial hospitalization.

c. *Day treatment* — Provision of planned therapeutic services during most or all of the day to persons who need broader programs than are possible through outpatient visits.

d. *Other partial hospitalization* — Provision of planned therapeutic services during the evening, night, or weekend to persons who do not require full-time hospitalization but who need broader services than are possible through outpatient visits.

e. *Halfway House* — Provision of services which prepare a previously hospitalized patient for return to home and community environment by providing transitional living quarters and assistance in the activities of daily living or to prevent possible hospitalization.

f. *Emergency services* — Services (exclusive of those providing only holding beds and those primarily for drug and alcohol abuse) to provide psychiatric care in emergency situations by staff specifically assigned for this purpose.

C. PATIENT MOVEMENT — INPATIENT SERVICE MODES

a. *Inpatients at beginning of year* — Includes all persons who were physically present for 24 hours in the inpatient service at the beginning of the

year, or who were away on short visits as long as they were expected to return to the inpatient service, or who were on unauthorized absence, AWOL or escape.

b. *Additions during year* — Includes admissions and readmissions as well as returns from long-term leave and transfers from noninpatient components of the same hospital.

c. *Deaths in hospital during year* — Includes those persons who died while under inpatient care or while away on short visits.

d. *Discontinuations during year* — Includes persons discharged (including deaths) as well as those placed on long-term leave and transferred to noninpatient components of the same hospital.

e. *Inpatients at end of year* — Includes all persons who were physically present for 24 hours in the inpatient service at the end of the year, or who were away on short visits as long as they were expected to return to the inpatient service, or who were on unauthorized absence, AWOL or escape.

f. *Patient care episodes* — Patient care episodes are defined as the number of inpatients in private psychiatric hospitals at the beginning of the year (or the number of persons on the rolls of noninpatient facilities) plus the total additions to these facilities during the year. Total additions during the year include new admissions, readmissions, and returns from leave. It is, therefore, a duplicated count of persons. In counting additions rather than persons, two types of duplication are introduced. First, the same persons may be admitted more than once to a particular facility during the year. In this case the same person is counted as many times as he is admitted. Secondly, the same person may be admitted to two or more different facilities during the year. Again he is counted as an admission for each facility to which he is admitted. Duplication also occurs because episodes are counted independently by modality (inpatient, outpatient, day treatment services). A person who is an inpatient in a hospital, released to a day care program and then followed as an outpatient, for example, would be counted as having three episodes.

D. ADDITIONS—NONINPATIENT SERVICE MODES

a. *Additions-outpatient service* — Persons admitted or readmitted to this service mode or transferred to this service mode from another service mode of this hospital during the year.

b. *Additions-day treatment service* — See definition for “Additions-outpatient service.”

c. *Additions-Halfway House service* — See definition for “Additions-outpatient service.”

E. UTILIZATION INDICES

a. *Average daily census (ADC)* — The average daily number of inpatients which is the total annual inpatient days divided by the number of days in a year (365 in 1974).

b. *Average daily census per hospital* — The average daily census (see above definition) for a particular group of hospitals (e.g., hospitals 50-99 beds) divided by the number of hospitals in that group.

c. *Additions per 100 average daily inpatients* — The number of annual additions (see definition under “Patient movement”) per 100 average daily census (see definition above).

d. *Discontinuations per 100 average daily inpatients* — The number of annual discontinuations (see definition under "Patient movement") per 100 average daily census (see definition above).

e. *Additions per 100,000 population* — The number of inpatient additions (see definition under "Patient movement") per 100,000 persons in the civilian resident population at midyear 1974.

f. *Average length of stay* — The average daily census \times 365 divided by the average discontinuations.

F. STAFFING

a. *Full-time employees* — Persons employed 35 or more hours a week (excluding trainees). Schoolteachers are counted as full time if they are employed 30 hours or more a week.

b. *Part-time employees* — Persons employed less than 35 hours a week (excluding trainees).

c. *Trainees* — Trainees including residents and interns, regardless of the number of hours worked in a week.

d. *Patient care staff* — All employees excluding administrative and maintenance employees (see definition which follows).

e. *Professional patient care staff* — Includes psychiatrists, nonpsychiatric physicians, psychologists, social workers, registered nurses, other mental health professionals (e.g., occupational therapists, vocational rehabilitation counselors, and other mental health professionals requiring BA level training), and other health professionals (e.g., dietitians, dentists, dental technicians, and pharmacists).

f. *Other patient care staff* — Includes licensed practical and vocational nurses, mental health workers with an AA degree or higher, but less than a BA degree, and mental health workers with less than an AA degree.

g. *Administrative and maintenance staff* — Includes administrative and other professional (nonhealth) staff (e.g., accountants, business administrator) as well as clerical and maintenance staff.

h. *Staff hour* — A unit of 1 hour's work by one employee.

i. *Full-time equivalents* — The total person hours worked by full-time employees, part-time employees, and trainees in each staff discipline divided by 40 hours to indicate the number of persons working a 40-hour week to provide this many person hours.

APPENDIX III. Extent of Nonresponse and Estimation Procedures

All frequencies shown in the tables in this report are based either on information available for all hospitals or have been adjusted to include estimates for private psychiatric hospitals which either did not respond to the survey or did not report specific items. The decision to adjust the data was based on the high response rate to all items on the Inventory form which ranged from 74 percent of the hospitals which reported information on expenditures to 93 percent of the hospitals which reported types of service.

The adjustments were made on the assumption that characteristics of non-respondents within each of the size (based on number of beds) groups, geographic region, and hospital control were similar to the hospitals within these groups which responded.

Certain indices such as total expenditures per patient day which require different types of data in the numerator and denominator are based on reported data only to ensure that the data in the numerator and denominator are reported by the same hospitals.

Only 13 hospitals (7.2 percent) did not submit an Inventory. However the geographic region of all 180 private mental hospitals was known on an a priori basis. Data were also available from all hospitals on the number of beds because, for hospitals that did not respond, information was obtained from *AHA Guide Issue*.

Although the response rate for most items was relatively high, there were variations in the proportion of hospitals which reported certain items. Appendix table II shows the response rate of private mental hospitals with regard to specific items in the tables.

Appendix Table II. Rate of response of private psychiatric hospitals to specific items on the 1974 Inventory of Mental Health Facilities

Data item and group	Table(s)	Number of known hospitals	Response	
			Number of hospitals	Percent
Number of hospitals				
By geographic region and State	1,D	180	180	100.0
By bed size	C	180	180	100.0
By hospital control.....	C	180	180	100.0
Number of beds				
By geographic region and State	1,D	180	180	100.0
By bed size.....	C	180	180	100.0
By hospital control.....	C	180	180	100.0
Types of service modes				
By bed size.....	2	180	167	92.8
By hospital control.....	2	180	167	92.8
Inpatient movement and caseload				
By bed size.....	E	180	162	90.0
By hospital control.....	E	180	162	90.0
Inpatient caseload indices				
By bed size.....	F	180	162	90.0
By hospital control	F	180	162	90.0
Outpatient additions.....	G	61	48	78.7
Day treatment additions.....	G	77	64	83.1
Halfway house additions.....	G	16	13	81.3
Staffing, total.....	5-7	180	166	92.2
By bed size.....	8	180	166	92.2
By hospital control.....	8	180	166	92.2
By characteristics of physicians	9-10,0-U	180	166	92.2
Expenditures				
By bed size.....	11-12	180	134	74.4
By hospital control.....	11-12	180	134	74.4

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Table 1. Number of beds, number of additions and number of persons receiving care at end of year, inpatient service modes of private psychiatric hospitals: United States, 1974

(Excludes Puerto Rico and the Virgin Islands)

Region and State	Hospitals in universe	Beds as of 12/31/74	Additions	Inpatients at end of year
		Estimated total ^{1/2/}	Estimated total ^{1/}	Estimated total ^{1/}
Totals.....	180	15,908	119,071	11,496
<u>Region I.....</u>	20	2,089	10,347	1,616
Connecticut...	6	754	2,161	661
Maine.....	-	-	-	-
Massachusetts.	10	892	6,642	651
New Hampshire.	1	83	22	11
Rhode Island..	2	132	1,116	116
Vermont.....	1	228	406	177 ^{3/}
<u>Region II.....</u>	17	1,708	9,427	1,239
New Jersey....	3	478	3,592	404
New York.....	14	1,230	5,835	835
<u>Region III....</u>	32	3,053	21,282	2,351
Delaware.....	1	36	265	36
Dist. of Col..	1	188	1,043	149
Maryland.....	6	681	2,175	580
Pennsylvania..	12	1,102	9,310	874
Virginia.....	11	994	7,333	669
West Virginia.	1	52	1,156	43
<u>Region IV.....</u>	30	2,210	24,779	1,450
Alabama.....	3	237	2,406	105
Florida.....	10	701	7,272	389
Georgia.....	7	417	6,596	266
Kentucky.....	2	382	4,596	353
Mississippi...	1	56	823	47
North Carolina	3	257	1,435	197
South Carolina	-	-	-	-
Tennessee.....	4	160	1,651	93
<u>Region V.....</u>	25	2,298	18,036	1,748
Illinois.....	5	579	4,923	452
Indiana.....	1	42	372	28
Michigan.....	7	696	5,454	515
Minnesota.....	-	-	-	-
Ohio.....	7	609	5,002	421
Wisconsin.....	5	372	2,285	332
<u>Region VI.....</u>	18	1,583	11,412	1,163
Arkansas.....	-	-	-	-
Louisiana.....	5	573	3,582	469
New Mexico.....	1	92	669	43
Oklahoma.....	1	68	852	44
Texas.....	11	850	6,309	607

Table 1. Number of beds, number of additions and number of persons receiving care at end of year, inpatient service modes of private psychiatric hospitals: United States, 1974 (Continued)

(Excludes Puerto Rico and the Virgin Islands)

Region and State	Hospitals in universe	Beds as of 12/31/74		Additions		Inpatients at end of year	
		Estimated total	^{1/2/} Estimated total	^{1/} Estimated total	^{1/} Estimated total	^{1/} Estimated total	^{1/} Estimated total
<u>Region VII</u>	3	453		2,279		382	
Iowa.....	-	-		-		-	
Kansas.....	2	269		642		232	
Missouri.....	1	184		1,637		150	
Nebraska.....	-	-		-		-	
<u>Region VIII</u> ...	3	235		2,416		170	
Colorado.....	3	235		2,416		170	
Montana.....	-	-		-		-	
North Dakota..	-	-		-		-	
South Dakota..	-	-		-		-	
Utah.....	-	-		-		-	
Wyoming.....	-	-		-		-	
<u>Region IX</u>	29	2,114		17,520		1,281	
Arizona.....	2	49		331		19	
California.....	27	2,065		17,189		1,262	
Hawaii.....	-	-		-		-	
Nevada.....	-	-		-		-	
<u>Region X</u>	3	165		1,573		96	
Alaska.....	-	-		-		-	
Idaho.....	-	-		-		-	
Oregon.....	1	32		252		17	
Washington....	2	133		1,321		79	

^{1/} The data in this table have been adjusted to include estimates for private mental hospitals which did not respond to the January 1975 Inventory of Mental Health Facilities conducted by the National Institute of Mental Health.

^{2/} The number of beds for hospitals that did not respond to the Inventory was obtained as of 9/30/74 from the AHA Guide Issue.

^{3/} For Vermont the average daily census as of 9/30/74 obtained from AHA Guide Issue was used in place of the number of resident patients at end of 1974.

Table 2. Number and percent of private psychiatric hospitals maintaining specified service modes by hospital control and size (based on number of beds):
United States, January 1975

Hospital control and bed size	Number of hospitals (inpt.)	Types of service modes				
		Outpatient treatment	Day treatment	Night &/or wknd treatment	Halfway house	Emergency services
Number maintaining specified service mode						
Total hospitals....	180	61	77	16	16	45
Less than 50 beds	53	18	18	2	5	12
50-74 beds.....	47	11	17	6	1	7
75-99 beds.....	26	9	16	4	2	9
100 beds & over..	54	23	26	4	8	17
Not-for-profit, total	63	32	29	6	11	19
Less than 50 beds	11	6	5	-	3	3
50-74 beds.....	15	5	5	1	1	2
75-99 beds	14	6	9	3	1	5
100 beds & over...	23	15	10	2	6	9
For-profit, total...	117	29	48	10	5	26
Less than 50 beds.	42	12	13	2	2	9
50-74 beds.....	32	6	12	5	-	5
75-99 beds	12	3	7	1	1	4
100 beds and over	31	8	16	2	2	8
Percent maintaining specified service mode ^{1/}						
Total hospitals.....	100%	34%	43%	9%	9%	25%
Less than 50 beds.	100	34	34	4	9	23
50-74 beds.....	100	23	36	13	2	15
75-99 beds.....	100	35	62	15	8	35
100 beds and over	100	43	48	7	15	31
Not-for-profit, total	100%	51%	46%	10%	17%	30%
Less than 50 beds	100	55	45	-	27	27
50-74 beds.....	100	33	33	7	7	13
75-99 beds.....	100	43	64	21	7	36
100 beds & over...	100	65	43	9	26	39
For-profit, total...	100%	25%	41%	9%	4%	22%
Less than 50 beds	100	29	31	5	5	21
50-74 beds.....	100	19	38	16	-	16
75-99 beds	100	25	58	8	8	33
100 beds & over...	100	26	52	6	6	26

^{1/} Percents do not add to 100% because some hospitals maintain more than one type of service mode.

Table 3. Percent of private psychiatric hospitals specifying restrictions with regard to the admission of certain diagnostic groups for selected service modes, by hospital control: United States, January 1975

Diagnostic restrictions	Total			For-profit hospitals			Not-for-profit hospitals		
	Type of service mode								
	Inptnt.	Outptnt.	Day	Inptnt	Outptnt	Day	Inptnt	Outptnt	Day
	Number of hospitals ^{1/}								
	180	61	77	117	29	48	63	32	29
	Total in diagnostic group as percent of total hospitals ^{1/}								
No diagnostic restrictions.....	51%	57%	53%	55%	52%	54%	45%	63%	52%
One or more diagnos- tic restrictions.	49	43	47	45	48	46	55	37	48
Does not serve:									
Alcoholics.....	5	5	5	3	3	4	10	6	6
Drug abusers.....	9	5	7	9	7	6	8	3	10
Mental retardates	46	38	44	42	45	44	52	31	45
Suicidal persons.	-	-	-	-	-	-	-	-	-

^{1/} Please note that some hospitals with diagnostic restrictions will have one restriction and some will have multiple restrictions. For this reason, the percent of hospitals with particular diagnostic restrictions will not add to percent of hospitals with one or more diagnostic restrictions.

Table 4. Percent distribution of hospitals by age groups accepted for admission, private psychiatric hospitals, in type of service mode and hospital control: United States, January 1975

Minimum & maximum ages accepted for admission	Total			For-profit hospitals			Not-for-profit hospitals		
	Type of service mode								
	Inptnt.	Outptnt.	Day	Inptnt	Outptnt	Day	Inptnt	Outptnt	Day
	Number of hospitals								
	180	61	77	117	29	48	63	32	29
	Percent distribution of hospitals								
<u>Minimum ages</u>									
Total..... ^{1/}	100%	100%	100%	100%	100%	100%	100%	100%	100%
Serves all ages ^{1/}	34	51	28	34	45	28	34	56	29
0-5 years ^{2/}	3	7	1	1	-	2	6	13	-
6-10 years.....	6	3	7	7	3	8	3	3	7
11-18 years.....	57	39	62	58	52	60	57	28	64
19 years & over..	-	-	2	-	-	2	-	-	-
<u>Maximum ages</u>									
Total..... ^{1/}	100%	100%	100%	100%	100%	100%	100%	100%	100%
Serves all ages ^{1/}	34	51	28	34	45	28	34	56	29
No maximum ages ^{3/}	59	46	65	62	55	68	53	38	61
18 Years & under.	3	3	2	1	-	2	8	6	3
19 Years & over..	4	-	5	3	-	2	5	-	7

^{1/} Includes hospitals that specified that they served "all ages."

^{2/} Includes hospitals that specified a maximum age, but no minimum age.

^{3/} Includes hospitals that specified a minimum age, but no maximum age.

Table 5. Number of positions and staff hours worked in a sample week by discipline and training of staff, private psychiatric hospitals: United States, January 1975

Staff training & discipline	Number of positions			Hours worked in a sample week				
	Total	Full-time	Part-time	Trainee	Total	Full-time	Part-time	Trainee
Total, all staff	27,734	20,789	5,818	1,127	965,697	826,650	108,379	30,668
Psychiatrists	1,272	528	447	297	39,352	21,636	7,045	10,671
Other physicians	249	31	115	103	5,403	1,231	1,172	3,000
Psychologists, total	463	262	109	92	14,899	10,299	1,528	3,072
Psychologists, MA & above	399	246	100	53	12,839	9,667	1,414	1,758
Other psychologists	64	16	9	39	2,060	632	114	1,314
Social workers, total	763	537	150	76	25,816	21,075	2,839	1,902
Social workers, MSW(or MA) and above	637	445	132	60	21,561	17,450	2,586	1,525
Other social workers	126	92	18	16	4,255	3,625	253	377
Registered nurses	3,620	2,345	993	282	116,089	93,774	19,167	3,148
Licensed practical or voc. nurses	1,174	880	259	35	41,450	35,001	5,456	993
Other mental health prof.- BA & above (e.g., voc.rehab counselors, occupational therapists, teachers)	2,492	1,927	454	111	88,115	76,387	8,629	3,099
Mental health workers (less than BA)	6,100	4,949	1,069	82	222,645	197,389	22,275	2,981
Physical health prof.&asst. (e.g., dentists, dental tech., pharmacists, dieticians, etc.)	1,047	631	380	36	31,688	25,063	5,343	1,282
Administrative & other prof. (nonhealth) staff (e.g., accountants, business adm. etc.)	1,043	967	75	1	39,716	38,488	1,185	43
All other staff (clerical, maintenance, etc.)	9,511	7,732	1,767	12	340,524	306,307	33,740	477
Total patient care staff ..	17,180	12,090	3,976	1,114	585,457	481,855	73,454	30,148
Professional	9,906	6,261	2,648	997	321,362	249,465	45,723	26,174
Other	7,274	5,829	1,328	117	264,095	232,390	27,731	3,974
Nonpatient care staff	10,554	8,699	1,842	13	380,240	344,795	34,925	520

Table 6. Percent distribution by status for number of positions and staff hours worked in a sample week according to staff discipline and training of staff, private psychiatric hospitals: United States, January 1975

Staff training and discipline	Number of positions				Hours worked in a sample week			
	Total	Full-time	Part-time	Trainee	Total	Full-time	Part-time	Trainee
Total, all staff	100.0	74.9	21.0	4.1	100.0	85.6	11.2	3.2
Psychiatrists	100.0	41.5	35.1	23.4	100.0	55.0	17.9	27.1
Other physicians	100.0	12.4	46.2	41.4	100.0	22.8	21.7	55.5
Psychologists, total	100.0	56.6	23.5	19.9	100.0	69.1	10.3	20.6
Psychologists, MA & above	100.0	61.7	25.0	13.3	100.0	75.3	11.0	13.7
Other psychologists.....	100.0	25.0	14.1	60.9	100.0	30.7	5.5	63.8
Social workers, total.....	100.0	70.4	19.6	10.0	100.0	81.6	11.0	7.4
Social workers-MSW(or MA) and above.....	100.0	69.8	20.8	9.4	100.0	80.9	12.0	7.1
Other social workers	100.0	73.0	14.3	12.7	100.0	85.2	5.9	8.9
Registered nurses.....	100.0	64.8	27.4	7.8	100.0	80.8	16.5	2.7
Licensed practical or voc. nurses	100.0	74.9	22.1	3.0	100.0	84.4	13.2	2.4
Other men.health prof.-BA & above(e.g.,voc.rehab., counselors,occup.therapists, teachers).....	100.0	77.3	18.2	4.5	100.0	86.7	9.8	3.5
Mental health workers (less than BA).....	100.0	81.1	17.5	1.4	100.0	88.7	10.0	1.3
Physical health prof.& asst. (e.g.,dentists,den.tech., pharmacists,dieticians,etc.)	100.0	60.3	36.3	3.4	100.0	79.1	16.9	4.0
Administrative & other prof. (nonhealth)staff(e.g.accts business administratorsetc)	100.0	92.7	7.2	0.1	100.0	96.9	3.0	0.1
All other staff (clerical, maintenance,etc.).....	100.0	81.3	18.6	0.1	100.0	90.0	9.9	0.1
Total,patient care staff...	100.0	70.4	23.1	6.5	100.0	82.3	12.5	5.2
Professional.....	100.0	63.2	26.7	10.1	100.0	77.6	14.2	8.2
Other.....	100.0	80.1	18.3	1.6	100.0	88.0	10.5	1.5
Nonpatient care staff.....	100.0	82.4	17.5	0.1	100.0	90.7	9.2	0.1

Table 7. Percent distribution by staff discipline and training for number of positions and staff hours worked in a sample week, according to status, private psychiatric hospitals: United States, January 1975

Staff training and discipline	Number of positions				Hours worked in a sample week			
	Total	Full-time	Part-time	Trainee	Total	Full-time	Part-time	Trainee
Total, all staff.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Psychiatrists	4.6	2.5	7.7	26.4	4.1	2.6	6.5	34.8
Other physicians.....	0.9	0.1	2.0	9.1	0.6	0.2	1.1	9.8
Psychologists, total.....	1.7	1.3	1.9	8.2	1.5	1.3	1.4	10.0
Psychologists, MA & above	1.5	1.2	1.7	4.7	1.3	1.2	1.3	5.7
Other psychologists.....	0.2	0.1	0.2	3.5	0.2	0.1	0.1	4.3
Social workers, total	2.7	2.6	2.6	6.7	2.7	2.5	2.6	6.2
Social workers-MSW (or MA) and above.....	2.3	2.1	2.3	5.3	2.2	2.1	2.4	5.0
Other social workers.....	0.4	0.5	0.3	1.4	0.5	0.4	0.2	1.2
Registered nurses.....	13.0	11.3	17.0	25.0	12.0	11.4	17.7	10.2
Licensed practical or voc. nurses.....	4.2	4.3	4.4	3.1	4.3	4.2	5.0	3.3
Other men.health prof.-BA and above (e.g., voc.rehab. counselors, occup.therapists, teachers).....	9.0	9.3	7.8	9.8	9.1	9.2	8.0	10.1
Mental health workers (less than BA).....	22.0	23.8	18.4	7.3	23.0	23.9	20.6	9.7
Physical health prof.&asst. (e.g., dentists, den.tech., pharmacists, dieticians, etc.)	3.8	3.0	6.5	3.2	3.3	3.0	4.9	4.2
Administrative & other prof. (nonhealth)staff (e.g., accts. business administrators, etc.)	3.8	4.6	1.3	0.1	4.1	4.6	1.1	0.1
All other staff (clerical, maintenance, etc.).....	34.3	37.2	30.4	1.1	35.3	37.1	31.1	1.6
Total patient care staff....	61.9	58.2	68.3	98.8	60.6	58.3	67.8	98.3
Professional.....	35.7	30.1	45.5	88.4	33.3	30.2	42.2	85.3
Other.....	26.2	28.1	22.8	10.4	27.3	28.1	25.6	13.0
Nonpatient care staff.....	38.1	41.8	31.7	1.2	39.4	41.7	32.2	1.7

Table 8. Number and percent distribution of full-time equivalent staff, private psychiatric hospitals, by staff discipline, hospital control and size (based on number of beds): United States, January 1975

Hospital control and bed size	Total, all disciplines	Professional patient care staff disciplines					
		Total	Physicians		Registered nurses	All other professional disciplines	
			Psychiatrists (nonpsych.)	Psychologists		Social workers	All other professional disciplines
Number of full-time equivalent staff							
Both ownership types..	24,142	8,033	984	135	372	645	
Less than 50 beds..	2,677	997	97	4	65	98	2,995
50-74 beds.....	3,528	1,223	100	43	61	97	371
75-99 beds	3,460	1,304	173	19	35	92	440
100 beds and over...	14,477	4,509	614	69	211	358	529
							1,655
Not-for-profit	13,331	4,550	722	86	277	426	1,453
Less than 50 beds..	891	353	46	2	42	52	118
50-74 beds	1,511	596	63	35	38	67	185
75-99 beds	2,066	798	121	15	30	62	265
100 beds and over...	8,863	2,803	492	34	167	245	885
For-profit	10,811	3,483	262	49	95	219	1,542
Less than 50 beds..	1,786	644	51	2	23	46	253
50-74 beds	2,017	627	37	8	23	30	274
75-99 beds	1,394	506	52	4	5	30	151
100 beds and over...	5,614	1,706	122	35	44	113	622
							770
							3,908
Percent distribution of full-time equivalent staff							
Both ownership types..	100.0	33.3	4.1	0.6	1.5	2.7	12.0
Less than 50 beds ..	100.0	37.2	3.6	0.1	2.4	3.7	13.5
50-74 beds	100.0	34.7	2.8	1.2	1.7	2.8	13.7
75-99 beds	100.0	37.7	5.0	0.5	1.0	2.7	13.2
100 beds and over...	100.0	31.1	4.2	0.5	1.4	2.5	11.1
							11.4
Not-for-profit	100.0	34.1	5.4	0.6	2.1	3.2	11.9
Less than 50 beds ..	100.0	39.6	5.2	0.2	4.7	5.8	10.4
50-74 beds	100.0	39.4	4.2	2.3	2.4	4.8	13.3
75-99 beds	100.0	38.6	5.8	0.7	1.5	3.0	12.2
100 beds and over ..	100.0	31.6	5.5	0.4	1.9	2.8	14.8
							11.0
							10.9
							13.3
							12.2
							12.8
							10.0
							14.3
							14.2
							12.6
							18.9
							13.7
							67.8
							63.9
							68.9
							63.7
							69.6

Table 9. Percent distribution of American (including Canadian) and foreign medical graduates employed in private psychiatric hospitals by age, by sex, and by whether U.S. citizen: United States, January 1975^{1/}

American (including Canadian) v. foreign medical graduates & type of position	Total physicians		Sex		Age				Citizenship			
	Number	Percent	Male	Female	Less than 35 years	35-44 Years	45-64 Years	65 years & over	Unknown	United States	Other	
Percent distribution of physicians												
Total.....	1,324	100.0	87.8	12.2	31.9	28.6	35.8	3.6	0.1	91.4	8.6	
Staff psychiatrists.....	906	100.0	90.0	10.0	17.2	34.2	45.0	3.6	-	93.2	6.8	
Other staff physicians...	129	100.0	92.2	7.8	19.4	24.8	43.4	11.6	0.8	96.1	3.9	
Residents	270	100.0	79.3	20.7	85.9	11.1	3.0	-	-	83.3	16.7	
Fellows, other trainees...	14	100.0	71.4	28.6	64.3	35.7	-	-	-	85.7	14.3	
Nonphysician positions....	5	100.0	100.0	-	20.0	40.0	40.0	-	-	100.0	-	
American (including Canadian)												
medical graduates, total..	1,077	100.0	88.8	11.2	33.5	27.9	34.3	4.2	0.1	99.1	0.9	
Staff psychiatrists.....	744	100.0	90.5	9.5	19.4	33.9	42.5	4.2	-	98.9	1.1	
Other staff physicians...	108	100.0	91.7	8.3	18.5	24.1	43.5	13.0	0.9	100.0	-	
Residents.....	210	100.0	81.4	18.6	89.5	8.1	2.4	-	-	99.0	1.0	
Fellows, other trainees ..	11	100.0	81.8	18.2	72.7	27.3	-	-	-	100.0	-	
Nonphysician positions....	4	100.0	100.0	-	25.0	50.0	25.0	-	-	100.0	-	
Foreign med. graduates, total												
Staff psychiatrists.....	247	100.0	83.8	16.2	25.1	32.0	41.7	1.2	-	57.9	42.1	
Other staff physicians....	162	100.0	87.7	12.3	7.4	35.8	55.6	1.2	-	66.7	33.3	
Residents.....	21	100.0	95.2	4.8	23.8	28.6	42.8	4.8	-	76.2	23.8	
Fellows, other trainees...	60	100.0	71.7	28.3	73.3	21.7	5.0	-	-	28.3	71.7	
Nonphysician positions....	3	100.0	33.3	66.7	33.3	66.7	-	-	-	33.3	66.7	
	1	100.0	100.0	-	-	-	100.0	-	-	-	100.0	

^{1/} This table is based on 1,324 of the estimated 1,521 total psychiatrists and other physicians shown in table 5.

Table 10. Number and percent of foreign medical graduates employed in private psychiatric hospitals who have passed ECFMG by type of position and full- or part-time status: United States, January 1975^{1/}

Type position & full- or part-time status	Total foreign graduates	Passed ECFMG		ECFMG not required		ECFMG not passed		ECFMG status unknown	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total.....	247	202	81.9	9	3.6	29	11.7	7	2.8
Staff psychiatrists	162	122	75.4	7	4.3	26	16.0	7	4.3
Other physicians.....	21	19	90.4	1	4.8	1	4.8	-	-
Residents	60	58	96.6	1	1.7	1	1.7	-	-
Fellows, other trainees..	3	3	100.0	-	-	-	-	-	-
Nonphysician positions...	1	-	-	-	-	1	100.0	-	-
Full-time, total.....	152	137	90.1	2	1.3	13	8.6	-	-
Staff psychiatrists.....	95	82	86.3	1	1.1	12	12.6	-	-
Other physicians.....	4	4	100.0	-	-	-	-	-	-
Residents	49	48	98.0	1	2.0	-	-	-	-
Fellows, other trainees..	3	3	100.0	-	-	-	-	-	-
Nonphysician positions...	1	-	-	-	-	1	100.0	-	-
Part-time, total.....	95	65	68.4	7	7.4	16	16.8	7	7.4
Staff psychiatrists	67	40	59.7	6	9.0	14	20.9	7	10.4
Other physicians.....	17	15	88.2	1	5.9	1	5.9	-	-
Residents.....	11	10	90.9	-	-	1	9.1	-	-
Fellows, other trainees..	-	-	-	-	-	-	-	-	-
Nonphysician positions...	-	-	-	-	-	-	-	-	-

^{1/} This table is based on 1,324 of the estimated 1,521 total psychiatrists and other physicians shown in table 5.

Table 11. Number and percent distribution of expenditures in private psychiatric hospitals by type of expenditure, by hospital control and size (based on number of beds):
United States, 1974

Hospital control and bed size	Number of hospitals	Total expenditures	Operating expenditures			Capital expenditures
			Tot.operating expenditures	Salaries	Other operating expenditures	
Annual expenditures in thousands of dollars						
Total hospitals...	180	\$360,652	\$330,957	\$213,351	\$117,606	\$29,695
< 50 beds.....	53	40,305	39,098	22,313	16,785	1,207
50-74 beds.....	47	56,882	51,567	30,794	20,773	5,315
75-99 beds.....	26	56,178	47,323	28,860	18,463	8,855
100 beds +.....	54	207,287	192,969	131,384	61,585	14,318
Not-for-profit....	63	200,190	177,892	130,808	47,084	22,298
< 50 beds.....	11	11,906	11,526	8,296	3,230	380
50-74 beds	15	22,941	20,603	14,567	6,036	2,338
75-99 beds	14	34,248	26,923	17,513	9,410	7,325
100 beds +.....	23	131,095	118,840	90,432	28,408	12,255
For-profit	117	160,462	153,065	82,543	70,522	7,397
< 50 beds	42	28,399	27,572	14,017	13,555	827
50-74 beds.....	32	33,941	30,964	16,227	14,737	2,977
75-99 beds	12	21,930	20,400	11,347	9,053	1,530
100 beds+.....	31	76,192	74,129	40,952	33,177	2,063
Percent distribution of expenditures						
Total hospitals...	180	100.0	91.8	59.2	32.6	8.2
< 50 beds.....	53	100.0	97.0	55.4	41.6	3.0
50-74 beds.....	47	100.0	90.7	54.2	36.5	9.3
75-99 beds.....	26	100.0	84.2	51.3	32.9	15.8
100 beds +.....	54	100.0	93.1	63.4	29.7	6.9
Not-for-profit....	63	100.0	88.9	65.4	23.5	11.1
< 50 beds.....	11	100.0	96.8	69.7	27.1	3.2
50-74 beds.....	15	100.0	89.8	63.5	26.3	10.2
75-99 beds.....	14	100.0	78.6	51.1	27.5	21.4
100 beds +	23	100.0	90.7	69.0	21.7	9.3
For-profit.....	117	100.0	95.4	51.5	43.9	4.6
< 50 beds.....	42	100.0	97.1	49.4	47.7	2.9
50-74 beds.....	32	100.0	91.2	47.8	43.4	8.8
75-99 beds.....	12	100.0	93.0	51.7	41.3	7.0
100 beds +	31	100.0	97.3	53.8	43.5	2.7

Table 12. Average expenditures per private psychiatric hospital by hospital control and size (based on number of beds): United States, 1969 and 1974

Hospital control and bed size	Total expenditures 1/		Operating expenditures					
	1969	1974	Total operating		Salaries		Other	
			1969	1974	1969	1974	1969	1974
Average annual expenditures per hospital in thousands of dollars								
Total hospitals.....	\$1,461	\$2,004	\$1,367	\$1,838	\$ 892	\$1,185	\$ 475	\$ 653
< 50 beds.....	541	760	523	738	336	421	187	317
50-74 beds.....	705	1,210	675	1,097	419	655	256	442
75-99 beds.....	1,248	2,161	1,197	1,820	730	1,110	467	710
100 beds+.....	2,868	3,839	2,642	3,573	1,774	2,433	868	1,140
Not-for-profit.....	1,903	3,178	1,788	2,823	1,206	2,076	582	747
< 50 beds.....	672	1,082	652	1,048	441	754	211	294
50-74 beds	628	1,529	588	1,373	373	971	215	402
75-99 beds.....	1,246	2,446	1,197	1,923	731	1,251	466	672
100 beds+.....	3,389	5,700	3,160	5,167	2,186	3,932	974	1,235
For-profit.....	872	1,371	806	1,308	474	705	332	603
< 50 beds.....	443	676	427	657	258	334	169	323
50-74 beds.....	757	1,061	734	968	451	507	283	461
75-99 beds.....	1,253	1,827	1,197	1,700	728	946	469	754
100 beds+.....	1,515	2,458	1,295	2,391	702	1,321	593	1,070

1/ Total expenditures include capital expenditures which are not shown separately.

Table 13. Average expenditures per patient day in private psychiatric hospitals by hospital control and size (based on number of beds): United States, 1969 and 1974

Hospital control and bed size	Total expenditures ^{1/}		Operating expenditures					
			Total operating		Salaries		Other	
	1969	1974	1969	1974	1969	1974	1969	1974
Average expenditures per patient day								
Total hospitals....	\$50	\$86	\$47	\$79	\$31	\$52	\$16	\$27
Less than 50 beds	52	86	50	83	32	49	18	34
50-74 beds.....	42	84	41	76	25	46	16	30
75-99 beds.....	52	91	49	77	30	47	19	30
100 beds +.....	51	86	47	80	32	56	15	24
Not-for-profit.....	52	96	49	86	33	63	16	23
Less than 50 beds	65	99	63	96	43	69	20	27
50-74 beds.....	36	88	33	79	21	56	12	23
75-99 beds.....	51	101	49	80	30	52	19	28
100 beds +.....	53	97	49	88	34	67	15	21
For-profit.....	45	74	42	70	25	38	17	32
Less than 50 beds	43	79	41	77	25	39	16	38
50-74 beds.....	48	82	46	74	28	39	18	35
75-99 beds.....	52	79	50	74	30	41	20	33
100 beds +.....	42	67	37	65	20	36	17	29

^{1/} Total expenditures include capital expenditures which are not shown separately.

Table 14. Average expenditures per discontinuation in private psychiatric hospitals by hospital control and size (based on number of beds): United States, 1974

Hospital control and bed size	Total expenditures ^{1/}	Operating expenditures		
		Total Operating	Salaries	Other
Average expenditures per discontinuation				
Total hospitals.....	\$3,171	\$2,893	\$1,905	\$ 988
Less than 50 beds	2,494	2,419	1,436	983
50-74 beds.....	2,227	2,017	1,218	799
75-99 beds.....	2,856	2,403	1,467	936
100 beds +.....	3,990	3,692	2,583	1,109
Not-for-profit.....	4,284	3,810	2,802	1,008
Less than 50 beds	4,982	4,822	3,471	1,351
50-74 beds.....	2,304	2,069	1,463	606
75-99 beds.....	3,626	2,850	1,854	996
100 beds +.....	5,238	4,748	3,613	1,135
For-profit.....	2,215	2,105	1,135	970
Less than 50 beds	1,864	1,810	920	890
50-74 beds.....	2,170	1,979	1,037	942
75-99 beds.....	2,129	1,980	1,101	879
100 beds +.....	2,472	2,405	1,329	1,076

^{1/} Total expenditures include capital expenditures which are not shown separately.

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